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APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR		ATTO	RNEY DOCKET NO.	CONFIRMATION NO.
10/647,032	10/647,032 08/21/2003		Taylor S. Gautier		HOMEP002C1		
TITLE OF INVENTION	: AUTOMATIC IDENT	FICATION OF A SET-	TOP BOX USER TO A N	ETWORK			
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSU	E FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1440	\$300	\$0		\$1740	04/15/2008
EXAMINER		ART UNIT	CLASS-SUBCLASS]			
LIM, KRISNA		2153	709-245000				
Change of corresponde CFR 1.363).	ence address or indication	of "Fee Address" (37		inting on the patent front page, list BEYER LAW GROUP LLP BEYER LAW GROUP LLP			
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☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. ☐ "Fee Address" indication (or "Fee Address" Indication form			(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to				
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2 registered patent attorneys or agents. If no name is 3 listed, no name will be printed.				
3. ASSIGNEE NAME A	ND RESIDENCE DATA	TO BE PRINTED ON	I	pe)			
PLEASE NOTE: Uni	ess an assignee is identi	fied below, no assignee	data will appear on the p T a substitute for filing an	atent. If an assign	ee is id	lentified below, the d	ocument has been filed fo
(A) NAME OF ASSIG		ionon or and roun is 110	(B) RESIDENCE: (CITY				
	LIQUIDATING T		CAMPBELL, CAMPBELL				nup entity Government
Please check the appropri	ate assignee category or	categories (will not be pr	inted on the patent):	individual & Co	rporau	on or other private gro	up entity U Government
4a. The following fee(s) a	are submitted:	41	Payment of Fee(s): (Ple	ise first reapply ar	y prev	iously paid issue fee:	shown above)
Issue Fee D Publication Fee (N	o small entity discount po	ermitted)	A check is enclosed. Payment by credit car	d Form PTO-2038	is atta	ched	
Advance Order - #		The Director is hereby overpayment, to Depo	authorized to char	ge the	equired fee(s), any de	ficiency, or credit any	
5. Change in Entity Stat	to a (form status in diseated	ahaua)	overpayment, to Depo	sit Account Numbe	700	+401 (enclose as	extra copy of this form).
	SMALL ENTITY status		☐ b. Applicant is no lon	ger claiming SMAI	L EN	TTY status. See 37 CI	R 1.27(g)(2).
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